

of the *New York State Journal of Medicine* and the manner in which its advertising pages tended to defeat the work of the Council and of the association. There are other State journals just as bad, or worse, and from time to time we may be tempted to have a heart-to-heart talk with the gentlemen who control them. Just at this time, however, we wish to call your attention to the list of remedies already approved by the Council, which you will find in the advertising pages. Take this page out and put it on your desk, where you can consult it, and try and see whether you can not successfully practice medicine with the remedies of the pharmacopeia and those new and nonofficial ones which have been approved by the Council. If a detail man comes to see you, look through the list and see whether his valuable preparation (they are all always "valuable preparations"!) has been approved by the Council. If it has not, tell him what you think about it—and him—and the "house."

The Legislature is, as you are doubtless painfully aware, now in session. There will be numerous bills affecting public health matters introduced; indeed, **PUBLIC HEALTH LEGISLATION.** quite a goodly number have been introduced at the time of writing. Some of these are good and should receive our support; some are bad and vicious and should be rejected. There will also be a number of bills relating to medical license and to the licensing of osteopaths, naturopaths, neuropaths, etc. All of these bills will be very carefully studied by our attorneys and by our Legislative Committee, and the secretary of the State Society will keep the component societies in touch with what is going on. Our profession has always occupied a too retiring attitude in regard to these matters of public health. We have a very considerable potential influence and it is high time we woke up and used it for the protection of the public in matters in which we have knowledge and they are ignorant. What layman, for instance, would realize the true nature of a bill like the naturopathy bill, which would license any form of quackery known? The bill reads most learnedly and is quite as high-sounding as though it were the real thing. Our legislators are busy men; they have not time to study each and every proposed law that comes before their attention, least of all many of these public health measures, the real importance of which is often not on the surface nor in the title. It is our plain, simple duty to advise them of what these things mean. It is the duty of each county society to take up these questions energetically and to instruct the legislators from its section as to the right and the wrong of bills of this class. No one of us can do much alone; nor can we do much unless we work together, at times each giving way somewhat to the views of the great majority. Elsewhere in this issue, we print a list of the members of both houses of the Legislature. This is printed not merely to fill space, but for your own reference. When the time comes that you are asked by the

society to support or oppose some measure, refer to the list and write, if possible, to every member of the Legislature; certainly to your own representatives. And do not stop there. Go to your friends and patients amongst the influential laymen. Explain to them what the import of the proposed law really is and how it affects the general public and how your medical society stands in regard to it, and ask their help. It is astonishing how much the opinions of influential constituents affect the attitude of legislators! We shall count on your help and we feel more than confident that we shall not count in vain.

The condition of things in the matter of the minimum fee for life insurance examinations is becoming very interesting. As you will **INSURANCE SITUATION.** doubtless recall, your JOURNAL was the first to take up the matter actively and oppose the cut from \$5.00 to \$3.00. Slowly the movement has grown until it is being very actively prosecuted in many States. We note with pleasure that the State journals of Texas, New Jersey, Kentucky, Pennsylvania, and some others, have taken vigorous stand and are encouraging their members to fight for a decent fee. In our own State, more than half of the county societies have gone on record as absolutely opposing the cut, and in many of these counties the three-dollar companies can do little if any business. The other day we learned that the New York Life was so hard put to it in Santa Cruz county that they had offered several men a salary of \$25.00 a month in addition to the fees, if they would accept the \$3.00 fee on small policies. If we are correctly informed, and we believe we are, no one has yet been secured in that county who will do the dirty cut-rate work. Three other companies have issued instructions to their California departments to pay the \$5.00 fee whenever it is demanded. Just remember that and always demand the \$5.00 fee; if the company happens to be one of these three, you will get it; if it is not, do not make the examination. This is one of the fights we are bound to win if we simply stick to it and to each other. Do not be discouraged; things are coming our way pretty fast and eventually we will win out.

Under this caption, the *Texas Courier-Record of Medicine* for December, 1906, prints an editorial that is somewhat interesting. It seems **"IS IT RIGHT?"** that all papers read before the Texas State Medical Association and the various district societies which are affiliated with it, are sent to the *Texas State Journal of Medicine*, the official journal of the association, and that the "independent medical journals" can not secure them for publication. The *Courier-Record* asks, plaintively, "is this right?" Let us see what sort of an "independent" medical journal the *Courier-Record* really is. The page measures 4¼x8 inches, and according to the pagination of the December number, it contains 34 pages of text; of

these, however, 1½ pages are open advertisements. The reading matter consists of a report of a meeting of the North Texas Medical Association, about five pages of editorial matter and notes—and *seven pages of reading notices*. The readers of the highly valuable "independent" medical (?) journal under discussion are given most wonderful statements as to the efficacy of Vin Mariani, glyco-thymoline in obstetrics (!), antikamnia, glyco-heroin, Gray's glycerin tonic (2 of it), Calcalith (Abbott), resinol ointment (advertised extensively to the general public), peptomangan, and bethol-ol, which statements are carefully prepared by the manufacturers, so that the trusting reader may be sure to get his information uncontaminated. In the advertising pages we find such things as neurilla, Hayden's viburnum compound, antikamnia, antiphlogistin, pepto-mangan, tongaline, celerina, aletris cordial, seng, cactina, chionia, sanmeto, katharmon, anasarcin (the sure cure for dropsy!), bromidia, etc. With a delicate thoughtfulness, the editor has slipped an advertising page immediately in front of the "editorial" page, and on this we find displayed hydrozone and antidolar. Now, is it not right that any self-respecting physician should prefer to have his paper go to the *Texas State Journal of Medicine*, which prints a good many valuable original papers, and good, clean, live editorial matter, and which does *not* disgrace its pages by printing the puffs sent out by the manufacturers themselves to delude physicians into using their nostrums; nor permit the advertisements of these nostrums in its advertising pages; rather than to send his paper to a publication of the scarlet-hued sort—the kind that might well be classed with the "oldest profession in the world"? And this *Courier-Record* is of the class of "independent" journals now bewailing the establishment of State journals and clamoring loudly about "journal trusts" and the attempt to kill all "independent" medical journals! Heaven save the mark! What is it "independent" of? Decency? Self-respect? Honesty? It certainly is not independent of the ball-and-chain of the nostrum maker, so it would seem to be independent of the medical profession.

SOME IMPORTANT AND PRACTICAL POINTS IN MEDICINE.

By IRWIN N. FRASSE, M. D., Los Angeles.

Years ago this vast continent was teeming with Indians. In a few places where food was scarce and circumstances unpropitious they were a miserable-appearing race, but where there was game enough, and this held for most regions, they were a magnificent-looking lot of savages. Probably nowhere on earth were there to be seen such fine physiques; tall, straight, lithe, deep-chested and untiring. Sickiness was almost unknown to them, except contagious diseases, and these were brought in mostly by the whites.

I might incidentally remark, in regard to the susceptibility of dark-skinned races to eruptive fevers, that about 1840 some white men recovering from smallpox came into a village of the Mandan

Indians. There were 1001 persons in the tribe. Of these 998 died of the fearful scourge—not a bad plea for vaccination, by the way—leaving but three living members!

These splendid physical specimens had no houses like ours. Indeed, in the tremendous distances that they made on foot and horseback they had no shelter at all except the scant protection afforded by a few pieces of brush in the form of a rude lean-to. Nor had they changes of clothing. Indeed, what they wore was little enough and in rain, hail or snow they had to lie down and sleep in their wet buckskin garments.

Our own borderers and cattlemen in early days had to do similarly. The late Mr. Charles Chapman told the writer that often, in California and Nevada, when night came, he and his men would surround the cattle, some lying down while others watched the herds. When morning came and he lifted his poncho from off his head and shoulders perhaps he would find that several inches of snow had fallen on it while he reposed serenely beneath.

The Indians, and such other hardily brought up people, almost never took cold. What power did they have, inherent to them, that is lacking so much in modern people? That power was what we call *tone*.

And what is tone? The dictionary says that it is "The degree of firmness or normal tension proper to any organ or tissue of the body. Also the general condition of body with reference to the vigorous and healthy discharge of its functions."

Tone is partly hereditary, probably mostly so, but part is acquired, especially in early life; not by giving in but in striving against the elements in an endeavor to make yourself superior to them—always with discretion, of course. This is to be done, not by keeping one's children indoors just because it looks a little threatening, but by sending them out in every kind of weather that it is possible for them to be out in, with proper protection, so as to acquire hardness from very childhood.

What is *tone*, then? My own definition would be that: "It is that condition which keeps one's capillaries all over the body in a condition between contraction and expansion, *even under adverse circumstances*."

When a person catches cold, that is, when his tone gives out, what is the process? Suppose one puts himself in the place of one of these Indians. Imagine yourself lying down in wet clothes, what would happen to you? First of all your feet and legs would begin to be cold. The very fact of their chilling would suggest that the warm blood was being driven away to some other part; that some other region was being dilated and congested, and, unless you should be careful you would have, perhaps, infection added with actual inflammation, for that is what inflammation is—the reaction of the tissues against an irritant, usually, if not always, germs.

So you would begin to sneeze. Mucus would begin to form in your nose from the congestion of